

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/560 961

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		4				
6		4				
7		0				
8		0				
9		0				
10		0				
11		0				
12		1				
13		1				
14		1				
15		1				
16		4				
17		1				
18		1				
19		1				
20		1				
21		1				
22		1				
23		2				
24		2				
25		1				
26		1				
27		2				
28		1				
29		1				
30		1				
31		1				
32		1				
33		1				
34	1					
35		1				
36		2				
37		2				
38		2				
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43		2				
44		2				
45		2				
46		2				
47		2				
48		2				
49		2				
50		2				
TOTAL IND.	2	↓		↓		↓
TOTAL DEP.	9	←		←		←
TOTAL CLAIMS	11					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52		2				
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						